```
                                              POSITIONS
              NAME                TYPE  LENGTH BEG  END                            CONTENTS
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**** DENOMINATOR BENEFICIARY      FILE                      THE DENOMINATOR FILE COMBINES MEDICARE BENEFICIARY
     ENCRYPTED FILE                                         ENTITLEMENT STATUS INFORMATION FROM ADMINISTRATIVE
                                                            ENROLLMENT RECORDS WITH THIRD PARTY PAYER INFORMATION
                                                            AND GHP ENROLLMENT INFORMATION.  THE DENOMINATOR FILE
                                                            CONTAINS DATA ON ALL MEDICARE BENEFICIARIES ENROLLED
                                                            AND/OR ENTITLED IN A GIVEN YEAR.  LIKE THE HISKEW
                                                            FILE, IT IS AN ABBREVIATED VERSION OF THE ENROLLMENT
                                                            DATABASE (EDB) (SELECTED DATA ELEMENTS).  IT DOES
                                                            NOT, HOWEVER, CONTAIN DATA ON ALL BENEFICIARIES EVER
                                                            ENTITLED TO MEDICARE; IT CONTAINS DATA FOR ONLY
                                                            BENEFICIARIES WHO WERE ENTITLED DURING THE YEAR OF
                                                            THE DATA.

                                                            SYSTEM ALIAS: DNMNTR3P

                                                            COMMENT:

                                                            DATA CHARACTERISTICS:
                                                              - BLOCK SIZE:  23440
                                                              - RECORDING MODE:  F
                                                              - RECORD FORMAT:  FIXED BLOCK
                                                              - RECORD SIZE:  90 CHARACTERS

                                                            REQUEST INFORMATION:
                                                              - HCFA CONTACT: DSAF HELPLINE
                                                                                   (410) 786-3691

**** DENOMINATOR BENEFICIARY      REC     90     1   90     (1996-CURRENT) CONTAINS, FOR THE YEAR'S
     ENCRYPTED FILE                                         MEDICARE-ENTITLED BENEFICIARIES, MONTHLY
                                                            INDICATORS OF PART A AND/OR PART B
                                                            ENTITLEMENT, STATE BUY-IN COVERAGE, AND
                                                            GROUP HEALTH ORGANIZATION ENROLLMENT, FOR
                                                            THE YEAR'S MEDICARE-ENTITLED BENEFICIARIES.

                                                            ALL FIELDS ARE OBTAINED FROM THE ENROLLMENT
                                                            DATA BASE USING THE MARCH UPDATE FOLLOWING
                                                            THE REFERENCE YEAR (I.E., FIELDS FOR
                                                            RESIDENCE, CREC, CRDI, MSC AND TERM CODES
                                                            ARE AS OF MARCH 1995 FOR THE 1994 REFERENCE
                                                            YEAR), AS MODIFIED FOR PUBLIC USE.

                                                            SYSTEM ALIAS: DNMNTR3P
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                                              DA1 ALIAS: DNMNTR3P
                                              STANDARD ALIAS: DNMNTR_REC

 ****  ENCRYPTED BENEFICIARY CLAIM  GROUP    11    1   11  THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY. THIS
       NUMBER                                             FIELD IS ENCRYPTED ON THE 5% FILE.  IN CASE OF
                                                          MULTIPLE RECORDS FOR AN INDIVIDUAL, THE IDENTICAL
                                                          ENCRYPTION METHODOLOGY HAS BEEN APPLIED TO ENABLE
                                                          THE USER TO IDENTIFY MATCHING RECORDS.

                                                          THIS FIELD IS BLANK ON THE 100% BENEFICIARY ENCRYPTED FILE.

   1. ENCRYPTED BENEFICIARY CLAIM  CHAR     9    1    9  THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY
      ACCOUNT NUMBER                                      UNDER THE SSA OR RRB PROGRAMS.
1                    DENOMINATOR BENEFICIARY ENCRYPTED FILE -- FROM HCFA DATA DICTIONARY -- 06/02/1998

                                        POSITIONS
              NAME                 TYPE   LENGTH BEG  END                          CONTENTS
     ---------------------------- ----  ------ ---------  ------------------------------------------------------------

                                                          THIS FIELD IS ENCRYPTED ON THE 5% FILES.  IN
                                                          CASE OF MULTIPLE RECORDS, THE IDENTICAL
                                                          ENCRYPTION METHODOLOGY HAS BEEN APPLIED TO
                                                          ENABLE THE USER TO IDENTIFY MATCHING RECORDS.

                                                          THIS FIELD IS BLANK ON THE 100% BENEFICIARY ENCRYPTED FILES.

                                                          STANDARD ALIAS: BENE_CLM_ACNT_NUM
                                                          COMMON ALIAS: CAN

   2. ENCRYPTED EQUATED           CHAR     2   10   11  THIS CODE SPECIFIES THE TYPE OF BENEFICIARY
      BENEFICIARY IDENTIFICATION                         FOR CASH PAYMENT PROGRAMS AND IDENTIFIES THE
      CODE (BIC)                                         TYPE OF RELATIONSHIP BETWEEN THE INDIVIDUAL
                                                         AND PRIMARY BENEFICIARY WHEN THE INDIVIDUAL
                                                         IS QUALIFIED UNDER ANOTHER'S ACCOUNT.
                                                         THE CODE IS EQUATED TO A COMMON BIC.
                                                         FOR EXAMPLE, THE RECORDS FOR A WIFE
                                                         (BIC B) WHO BECOMES A WIDOW (BIC D) IN THE
                                                         FILE YEAR WOULD HAVE ALL RECORDS CODED TO
                                                         THE FIRST BIC.

                                                         THIS FIELD HAS BEEN ENCRYPTED ON THE 5% FILES.  IN
                                                         CASE OF MULTIPLE RECORDS, THE IDENTICAL ENCRYPTION
                                                         METHODOLOGY HAS BEEN APPLIED TO ENABLE THE USER TO
                                                         IDENTIFY MATCHING RECORDS.

                                                         THIS FIELD IS BLANK ON THE 100% BENEFICIARY ENCRYPTED FILE.

                                                         COMMON ALIAS: BIC
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                                            SOURCE:
                                            EDB

    3. BLANKED ORIGINAL               CHAR     2   12   13  BLANKED FOR BENEFICIARY ENCRYPTED FILE.
       BENEFICIARY IDENTIFICATION
       CODE (OBIC)

    4. STATE CODE                     CHAR     2   14   15  THIS FIELD SPECIFIES THE STATE OF RESIDENCE
                                                            OF THE BENEFICIARY AND IS BASED ON THE MAILING
                                                            ADDRESS USED FOR CASH BENEFITS OR THE MAILING
                                                            ADDRESS USED FOR OTHER PURPOSES (FOR EXAMPLE,
                                                            PREMIUM BILLING). THIS INFORMATION IS
                                                            MAINTAINED FROM CHANGE OF ADDRESS NOTICES
                                                            SENT IN BY THE BENEFICIARIES, AND IS APPENDED
                                                            TO THE RECORD AT TIME OF PROCESSING IN CENTRAL
                                                            OFFICE.  THE CODING SYSTEM IS THE SSA SYSTEM,
                                                            NOT THE FEDERAL INFORMATION PROCESSING
                                                            STANDARD (FIPS).

                                                            STANDARD ALIAS: BENE_RSDNC_SSA_STD_STATE_CD

                                                            CODES:
                                                            01 = ALABAMA
                                                            02 = ALASKA
                                                            03 = ARIZONA
1                   DENOMINATOR BENEFICIARY ENCRYPTED FILE -- FROM HCFA DATA DICTIONARY -- 06/02/1998

                                                POSITIONS
            NAME                      TYPE   LENGTH BEG   END                              CONTENTS
    ----------------------------- ----   ------ ---------  -------------------------------------------------------
                                                            04 = ARKANSAS
                                                            05 = CALIFORNIA
                                                            06 = COLORADO
                                                            07 = CONNECTICUT
                                                            08 = DELAWARE
                                                            09 = DISTRICT OF COLUMBIA
                                                            10 = FLORIDA
                                                            11 = GEORGIA
                                                            12 = HAWAII
                                                            13 = IDAHO
                                                            14 = ILLINOIS
                                                            15 = INDIANA
                                                            16 = IOWA
                                                            17 = KANSAS
                                                            18 = KENTUCKY
                                                            19 = LOUISIANA
                                                            20 = MAINE
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                                                 21 = MARYLAND
                                                 22 = MASSACHUSETTS
                                                 23 = MICHIGAN
                                                 24 = MINNESOTA
                                                 25 = MISSISSIPPI
                                                 26 = MISSOURI
                                                 27 = MONTANA
                                                 28 = NEBRASKA
                                                 29 = NEVADA
                                                 30 = NEW HAMPSHIRE
                                                 31 = NEW JERSEY
                                                 32 = NEW MEXICO
                                                 33 = NEW YORK
                                                 34 = NORTH CAROLINA
                                                 35 = NORTH DAKOTA
                                                 36 = OHIO
                                                 37 = OKLAHOMA
                                                 38 = OREGON
                                                 39 = PENNSYLVANIA
                                                 40 = PUERTO RICO
                                                 41 = RHODE ISLAND
                                                 42 = SOUTH CAROLINA
                                                 43 = SOUTH DAKOTA
                                                 44 = TENNESSEE
                                                 45 = TEXAS
                                                 46 = UTAH
                                                 47 = VERMONT
                                                 48 = VIRGIN ISLANDS
                                                 49 = VIRGINIA
                                                 50 = WASHINGTON
                                                 51 = WEST VIRGINIA
                                                 52 = WISCONSIN
                                                 53 = WYOMING
                                                 54 = AFRICA
                                                 55 = ASIA
                                                 56 = CANADA & ISLANDS
                                                 57 = CENTRAL AMERICA AND WEST INDIES
                                                 58 = EUROPE
                                                 59 = MEXICO
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                                   POSITIONS
            NAME                TYPE  LENGTH BEG   END                                    CONTENTS
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                                                 60 = OCEANIA
                                                 61 = PHILIPPINES
                                                 62 = SOUTH AMERICA
                                                 63 = U.S. POSSESSIONS
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                                          64 = AMERICAN SAMOA
                                          65 = GUAM
                                          66 = SAIPAN
                                                OR NORTHERN MARIANAS
                                          97 = NORTHERN MARIANAS
                                          98 = GUAM
                                          99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
                                                OTHERWISE UNKNOWN

                                          SOURCE:
                                          SSA AND RRB BENEFICIARY RECORD SYSTEMS.
                                          FOR RRB BENEFICIARIES, THE STATE IS CODED
                                          IN SSA BASED ON MAILING ADDRESS.

                                          LIMITATIONS:
                                          IN SOME CASES, THE CODE MAY NOT BE THE
                                          ACTUAL STATE OF RESIDENCE.  (FOR EXAMPLE,
                                          IF THE BENEFICIARY HAS A REPRESENTATIVE PAYEE).

5. COUNTY CODE                CHAR    3   16   18  THIS CODE SPECIFIES THE SSA CODE FOR THE
                                                  COUNTY OF RESIDENCE OF THE BENEFICIARY.
                                                  EACH STATE HAS A SERIES OF CODES BEGINNING
                                                  WITH '000' FOR EACH COUNTY WITHIN THAT
                                                  STATE.  CERTAIN CITIES WITHIN THAT STATE
                                                  HAVE THEIR OWN CODE.   COUNTY CODES MUST
                                                  BE COMBINED WITH STATE CODES IN ORDER TO
                                                  LOCATE THE SPECIFIC COUNTY.  THE CODING
                                                  SYSTEM IS THE SSA SYSTEM, NOT THE FEDERAL
                                                  INFORMATION PROCESSING SYSTEM (FIPS).

                                                  STANDARD ALIAS: BENE_RSDNC_SSA_STD_CNTY_CD

                                                  EDIT-RULES:
                                                  NUMERIC

                                                  SOURCE:
                                                  'GEOGRAPHIC CODE MANUAL FOR STATE AND COUNTY
                                                  OF RESIDENCE' PRODUCED BY THE SSA.

                                                  LIMITATIONS:
                                                  SOME CODES MAY BE INVALID, UNKNOWN, OR '999'.
                                                  (DIFFERENT FROM FIPS)

6. BLANKED ZIP CODE OF        NUM     9   19   27  BLANKED FOR BENEFICIARY ENCRYPTED FILE
   RESIDENCE
                                                  9 DIGITS

                                                  STANDARD ALIAS: BENE_MLG_CNTCT_ZIP_CD
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    7. BLANKED DATE OF BIRTH        NUM      8   28   35  BLANKED FOR BENEFICIARY ENCRYPTED FILE.

                                                          8 DIGITS
1                   DENOMINATOR BENEFICIARY ENCRYPTED FILE -- FROM HCFA DATA DICTIONARY -- 06/02/1998

                                                 POSITIONS
                   NAME                 TYPE   LENGTH BEG  END                        CONTENTS
        ---------------------------     ----   ------ ---------  -------------------------------------------------------

                                                          STANDARD ALIAS: BENE_BIRTH_DT
                                                          COMMON ALIAS: DOB

    8. SEX                          CHAR     1   36   36  THIS FIELD INDICATES THE SEX OF THE
                                                          BENEFICIARY.

                                                          DERIVATION:
                                                          ANY UNKNOWN SEX CODES HAVE BEEN ASSIGNED
                                                          TO MALE/FEMALE BASED ON AGE:
                                                              < 65 = MALE, > 64 = FEMALE.

                                                          CODES:
                                                          1 = MALE
                                                          2 = FEMALE

    9. BENEFICIARY RACE CODE        CHAR     1   37   37  THE RACE OF A BENEFICIARY.

                                                          STANDARD ALIAS: BENE_RACE_CD
                                                          SAS ALIAS: RACE
                                                          TITLE ALIAS: RACE_CD
                                                          DA3 ALIAS: RACE_CODE

                                                          CODES:
                                                          0 = UNKNOWN
                                                          1 = WHITE
                                                          2 = BLACK
                                                          3 = OTHER
                                                          4 = ASIAN
                                                          5 = HISPANIC
                                                          6 = NORTH AMERICAN NATIVE

                                                          SOURCE:
                                                          SSA

    10. AGE                         NUM      2   38   39  BENEFICIARY'S AGE AT END OF PRIOR YEAR.

                                                          2 DIGITS
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                                                CODES:
                                                AGE > 98, CODED AS 98

    11. ORIGINAL REASON FOR          CHAR    1   40   40  THIS FIELD INDICATES THE REASON FOR THE
        ENTITLEMENT                                       BENEFICIARY'S ORIGINAL ENTITLEMENT TO
                                                          MEDICARE BENEFITS.

                                                          CODES:
                                                          0 = OLD AGE AND SURVIVORS INSURANCE (OASI)
                                                          1 = DISABILITY INSURANCE BENEFITS (DIB)
                                                          2 = ESRD
                                                          3 = BOTH DIB AND ESRD

                                                          SOURCE:
                                                          SSA AND RRB BENEFICIARY RECORD SYSTEMS

    12. CURRENT REASON FOR           CHAR    1   41   41  THIS FIELD INDICATES THE REASON FOR THE
1                 DENOMINATOR BENEFICIARY ENCRYPTED FILE -- FROM HCFA DATA DICTIONARY -- 06/02/1998

                                            POSITIONS
                NAME                TYPE  LENGTH BEG  END                        CONTENTS
        --------------------------- ----  ------ --------- --------------------------------------------------------
        ENTITLEMENT CODE                                      BENEFICIARY'S CURRENT ENTITLEMENT TO MEDICARE
                                                              BENEFITS.

                                                              CODES:
                                                              0 = OLD AGE AND SURVIVOR'S INSURANCE (OASI)
                                                              1 = DISABILITY INSURANCE BENEFITS (DIB)
                                                              2 = ESRD
                                                              3 = DIB AND ESRD

                                                              SOURCE:
                                                              ENROLLMENT DATA BASE

    13. END STAGE RENAL DISEASE      CHAR    1   42   42  THIS FIELD SPECIFIES THAT A BENEFICIARY IS
        INDICATOR (ESRD)                                  AFFLICTED WITH END STAGE RENAL DISEASE (ESRD).

                                                          CODES:
                                                          EFFECTIVE 1992
                                                          Y = THE BENEFICIARY HAS ESRD
                                                          0 = THE BENEFICIARY DOES NOT HAVE ESRD

    14. MEDICARE STATUS CODE         CHAR    2   43   44  THIS FIELD SPECIFIES THE REASON FOR THE
                                                          BENEFICIARY'S ENTITLEMENT.

                                                          STANDARD ALIAS: BENE_MDCR_STUS_CD
                                                          COMMON ALIAS: MSC
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                                          CODES:
                                          10 = AGED WITHOUT ESRD
                                          11 = AGED WITH ESRD
                                          20 = DISABLED WITHOUT ESRD
                                          21 = DISABLED WITH ESRD
                                          31 = ESRD ONLY

                                          SOURCE:
                                          THIS FIELD IS CODED FROM AGE, ORIGINAL REASON
                                          FOR ENTITLEMENT, CURRENT REASON FOR
                                          ENTITLEMENT AND ESRD INDICATOR CONTAINED
                                          IN THE ENROLLMENT DATA BASE AT THE
                                          CENTRAL OFFICE AT THE DATE OF PROCESSING.

   15. PART A TERMINATION CODE      CHAR    1   45   45   THIS CODE SPECIFIES THE REASON PART A
                                                         ENTITLEMENT WAS TERMINATED.

                                          CODES:
                                          EFFECTIVE 1992
                                          0 = NOT TERMINATED
                                          1 = DEAD
                                          2 = NON-PAYMENT OF PREMIUM
                                          3 = VOLUNTARY WITHDRAWAL
                                          9 = OTHER TERMINATION

                                          SOURCE:
                                          ENROLLMENT DATA BASE

   16. PART B TERMINATION           CHAR    1   46   46   THIS CODE SPECIFIES THE REASON PART B
                                                         ENTITLEMENT WAS TERMINATED.
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                                                POSITIONS
            NAME                  TYPE  LENGTH BEG  END                              CONTENTS
   ---------------------------- ---- ------ --------- -------------------------------------------------------------

                                          CODES:
                                          EFFECTIVE 1992
                                          0 = NOT TERMINATED
                                          1 = DEAD
                                          2 = NON-PAYMENT OF PREMIUM
                                          3 = VOLUNTARY WITHDRAWAL
                                          9 = OTHER TERMINATION

                                          SOURCE:
                                          ENROLLMENT DATA BASE

   17. FILLER                       CHAR    1   47   47   STANDARD ALIAS: FILLER
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                                        SAS ALIAS: FILLER

 ****   ENTITLEMENT / BUYIN        GROUP    12   48   59   INCLUDES ONE ENTITLEMENT BUYIN INDICATOR FOR
        INDICATORS                                         EACH MONTH OF THE REFERENCE YEAR.

   18. MEDICARE ENTITLEMENT/BUY-IN CHAR     1   48   48   OCCURS: 12 TIMES
       INDICATOR
                                                          CODES:
                                                          0 = NOT ENTITLED
                                                          1 = PART A ONLY
                                                          2 = PART B ONLY
                                                          3 = PART A AND PART B
                                                          A = PART A, STATE BUY-IN
                                                          B = PART B, STATE BUY-IN
                                                          C = PARTS A AND B, STATE BUY-IN

 ****   HMO INDICATORS             GROUP    12   60   71   INCLUDES ONE HMO INDICATOR FOR EACH MONTH
                                                          OF THE REFERENCE YEAR.

   19. HMO INDICATOR               CHAR     1   60   60   CODE INDICATING BENEFICIARY HAS MEMBERSHIP
                                                          IN HEALTH MAINTENANCE ORGANIZATION.
                                                          OCCURS: 12 TIMES

                                                          CODES:
                                                          EFFECTIVE 1992
                                                          0 = NOT A MEMBER OF HMO
                                                          1 = NON LOCK-IN, HCFA TO PROCESS PROVIDER
                                                              CLAIMS
                                                          2 = NON LOCK-IN, GHO TO PROCESS IN-PLAN
                                                              PART A AND IN-AREA PART B CLAIMS
                                                          A = LOCK-IN, HCFA TO PROCESS PROVIDER
                                                              CLAIMS
                                                          B = LOCK-IN, GHO TO PROCESS IN-PLAN
                                                              PART A AND IN-AREA PART B CLAIMS
                                                          C = LOCK-IN, GHO TO PROCESS ALL PROVIDER
                                                              CLAIMS

   20. HI COVERAGE                 NUM      2   72   73   TOTAL NUMBER OF MONTHS OF PART A COVERAGE

                                                          2 DIGITS

   21. SMI COVERAGE                NUM      2   74   75   TOTAL NUMBER OF MONTHS OF PART B COVERAGE
 1              DENOMINATOR BENEFICIARY ENCRYPTED FILE -- FROM HCFA DATA DICTIONARY -- 06/02/1998

                                          POSITIONS
            NAME                 TYPE  LENGTH BEG  END                       CONTENTS
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                                           2 DIGITS

22. HMO COVERAGE                 NUM    2   76   77  TOTAL NUMBER OF MONTHS OF HMO COVERAGE.

                                           2 DIGITS

23. STATE BUY-IN COVERAGE        NUM    2   78   79  TOTAL NUMBER OF MONTHS OF STATE BUY-IN.

                                           2 DIGITS

24. VALID DATE OF DEATH SWITCH   CHAR   1   80   80  CODES:
                                           V = VALID DEATH DATE
                                           BLANK = DEFAULT

25. BENEFICIARY ENCRYPTED FILE   NUM    8   81   88  THIS FIELD HAS BEEN MODIFIED FOR PUBLIC USE.
    (BEF) DATE OF DEATH                              IF THE VALID DATE OF DEATH SWITCH IS EQUAL TO 'V',
                                                     FOR VALID DEATH DATE, THEN THIS FIELD DISPLAYS THE
                                                     BENEFICIARY DATE OF DEATH.  IF THE VALID DATE OF
                                                     DEATH SWITCH IS BLANK, THEN THIS FIELD IS BLANKED.
                                                     8 DIGITS

                                                     STANDARD ALIAS: BENE_DEATH_DT
                                                     COMMON ALIAS: DOD

                                                     EDIT-RULES:
                                                     YYYYMMDD OR BLANK

26. BENEFICIARY ENROLLMENT       NUM    2   89   90  ENROLLMENT YEAR
    REFERENCE YEAR                                   THIS FIELD INDICATES THE REFERENCE YEAR OF
                                                     ENROLLMENT OF THE BENEFICIARY.

                                                     2 DIGITS

                                                     STANDARD ALIAS: BENE_ENRLMT_RFRNC_YR

                                                     EDIT-RULES:
                                                     YY
6
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